

SOCC VOLUNTEER REGISTRATION FORM

Thank you for your interest in volunteering for Special Olympics Centre County. We have many different events and competitions that occur throughout the year. For more information, and to receive a volunteer packet, please fill out the form below. You will be receiving more detailed information in the mail, by phone, or on email (please note your preference)_____.

First Name _____

Last Name_____

Organization Name (if applies)_____

Street Address_____

City_____

State_____

Zip_____

County_____

Daytime Phone_____

Email Address_____

Interests: (please list)

Coaching Unified Partner Management Team
Event Volunteer Fund-Raising Chaperoning Public Relations
Officiating Office Support Medical Support Recruiting
Winter/Spring Sports
Aquatics Athletics Basketball Bowling Skiing Softball Tennis
Summer/Fall Sports
Bocce Bowling Volleyball Other_____

Email form to Manager@SpecialOlympicsCentreCounty.org